Employee Name:	
SSN:	
Date of Tentative Nonconfirmation:	
Agency Providing Tentative Nonconfirmation:	Social Security Administration
Security to verify employment eligibility inf compared electronically to government retentative nonconfirmation does not mean There are many reasons why a work auth	ect with the Social Security Administration (SSA) and the Department of Homeland formation you provided when you completed the Form I-9. When your information was ecords, SSA could not confirm that you are eligible to work in the United States. This that you are not work authorized, or that the information you provided is incorrect. Orized employee could be the subject of a tentative nonconfirmation. The tentative u must contact the SSA to resolve the situation if you wish to continue your
You have a voluntary choice. You may <b>Con</b> nonconfirmation.	test the tentative nonconfirmation, or you may choose to Not Contest the tentative
the Basic Pilot system, and provide you wi Federal government work days from the dat have to provide additional information or do During the 8 Federal government work days	on, you must contact the SSA. By contesting, your employer will refer your case through the a referral notice that will tell you how to contact the SSA. You will be provided 8 to of that referral notice to resolve your situation with SSA. At the SSA office, you may ocuments that will permit the SSA to notify your employer that you are work authorized as your employer may not terminate your employment or take adverse action against you us or because you have chosen to contest the tentative nonconfirmation.
tentative nonconfirmation. If you do not co That means that your employer may termin	firmation, you are making a choice voluntarily to give up your opportunity to correct the ontest the tentative nonconfirmation, it automatically becomes a final nonconfirmation nate you immediately as an unauthorized employee. If you do not contest the tentative sted that your employer is in violation of the law if it continues your employment.
	nigration-related unfair employment practices, you may call the Office of Special Counselent Practices toll free at 1-800-255-7688 or 1-800-237-2515 (TDD) for the hearing
I choose to (check one):	
	on. I understand that I must contact the Social Security Administration within 8 Federal on the referral notice which is to be provided by my employer.
	firmation. I choose voluntarily to give up my opportunity to correct the tentative untary choice not to contest the tentative nonconfirmation authorizes my employer to
Signature of Employee:	Date:

### **Employer's Certification**

I certify that this employer has received a tentative nonconfirmation relating to the employee whose name and signature appear above and that the employee has made the choice indicated. I also certify that the employee has executed and signed this document, that the employee's choice to the best of my knowledge was a knowing and voluntary choice, and that the employee has not been coerced or pressured in any way by this employer regarding his or her choice whether to contest the tentative nonconfirmation.

Name of Employer:		
Signature of Employer Representative:		
Date:		

Employee Name:	-		
SSN:			
Employee's A Number:			
Employee's I-94 Number:			
Date of Tentative Nonconfirmation:			
Agency Providing Tentative Nonconfirmation:	Department of Homeland	Security	
This employer is participating in a pilot pro Security to verify employment eligibility in compared electronically to government r to work in the United States. This tentati information you provided is incorrect. The tentative nonconfirmation. The tentative Homeland Security to resolve the situation	records, the Department of I ve nonconfirmation does no here are many reasons why nonconfirmation means, he	n you completed the Form I-9. We Homeland Security could not cout mean that you are not work at a work authorized employee convever, that you must contact to	Then your information was onfirm that you are eligible authorized, or that the buld be the subject of a
You have a voluntary choice. You may <b>Co</b> nnonconfirmation.	<b>ntest</b> the tentative nonconfirm	nation, or you may choose to Not	Contest the tentative
If you <b>Contest</b> the tentative nonconfirmation employer will refer your case through the latter DHS. You will be provided 8 Federal DHS. Upon contacting the DHS, you may your employer that you are work authorized employment or take adverse action against the tentative nonconfirmation.	Basic Pilot system, and provious government work days from whave to provide additional ited. During the 8 Federal go	de you with a referral notice that the date of that referral notice to information or documents that we vernment work days your employer.	will tell you how to contact o resolve your situation with rill permit the DHS to notify over may not terminate your
If you do <b>Not Contest</b> the tentative noncontentative nonconfirmation. If you do not of That means that your employer may term nonconfirmation, a legal presumption is cre	contest the tentative nonconfinate you immediately as an	irmation, it automatically become unauthorized employee. If you	nes a final nonconfirmation. do not contest the tentative
If you have questions or concerns about imfor Immigration-Related Unfair Employn impaired.			
I choose to (check one):			
Contest the tentative nonconfirmation Government work days from the date show			
Not Contest the tentative nonconnonconfirmation. I understand that my voterminate my employment immediately.			
Signature of Employee		Date:	

### **Employer's Certification**

I certify that this employer has received a tentative nonconfirmation relating to the employee whose name and signature appear above and that the employee has made the choice indicated. I also certify that the employee has executed and signed this document, that the employee's choice to the best of my knowledge was a knowing and voluntary choice, and that the employee has not been coerced or pressured in any way by this employer regarding his or her choice whether to contest the tentative nonconfirmation.

Name of Employer:		
Signature of Employer Representative:		
Date:		